

# Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

## breast cancer

Fewer California women are dying from breast cancer. The death rate from breast cancer has decreased 24% since 1988.<sup>1, 2</sup>

### The Good...

- Breast cancer deaths have declined 20% for African American and 10% for Hispanic women in California since 1988.<sup>1</sup>
- More California women, ages 40 and older, are getting mammograms. In 1987, only two out of five women (39%) reported having a mammogram in the prior year. By 2002, three out of five women (61%) reported having a mammogram in the previous year.<sup>1</sup>
- The best ways to detect breast cancer early are with regular clinical breast exams (CBE), conducted by a health care professional, and mammograms. 68% of breast cancers are being diagnosed at an early stage.<sup>1</sup> The rate of late-stage cancer is declining due to:
  - Increased awareness and low cost or free screening programs<sup>2</sup> such as *Cancer Detection Programs: Every Woman Counts* (formerly known as the Breast Cancer Early Detection Program and Breast and Cervical Cancer Control Program)<sup>3</sup>
  - More health insurance plans covering mammograms
- Breast cancer screening has saved the lives of thousands of women since mammography was introduced in the 1960s.<sup>1</sup> The survival rate has been further improved by the addition of CBE as a recommended standard of care; CBE is also provided by *Cancer Detection Programs: Every Woman Counts*.<sup>4</sup>

### The Bad...

- Breast cancer is the most common invasive cancer among women, accounting for nearly one out of three cancers diagnosed in women in the United States and California.<sup>1</sup>
- Breast cancer is the second leading cause of cancer deaths in women in the United States and California -- only lung cancer accounts for more cancer deaths.<sup>1</sup>
- In 2005, it is projected that 21,620 California women will be diagnosed with breast cancer and 4,195 will die from the disease.<sup>23</sup>

### ...And The Not So Pretty!

- The risk of breast cancer increases with age, especially after age 50. About 80% of new cases and 82% of breast cancer deaths occur in women over age 50.<sup>5</sup>
- Women often do not get CBEs and mammograms because they think that if they have no symptoms they do not need one.<sup>6</sup>

- Women face many cultural and economic barriers to adequate breast cancer screening, diagnosis and treatment. Physicians and women need to be more diligent about discussing breast cancer, CBEs, and mammography.<sup>7</sup>
- Lack of a doctor's recommendation for a CBE and mammogram is a top-ranked barrier for nearly all groups of women. The other main barrier is cost, especially for lower-income groups.<sup>7, 8, 9</sup>
- Women who discuss breast cancer screening with their physicians are up to 12 times more likely to receive a CBE and mammogram than women who do not talk to their physicians about breast cancer.<sup>10</sup>
- Cost, or the ability of the patient to pay for a CBE and mammogram, is the most frequently cited reason why physicians do not recommend them.<sup>11, 12</sup>

## Age, Income, Health Insurance Trends & Patterns

- The chance of a woman getting breast cancer increases with age. From age 30 - 40, the chance is 1 in 227; from age 40 - 50, 1 in 67; and from age 60 - 70, 1 in 26.<sup>13</sup>
- In California, in 2000, only 53% of low-income women over 40 report having both a clinical breast exam and mammogram, compared to 64% of higher income women.<sup>14</sup>
- The largest differences in breast cancer screening are found between women with and without health insurance (public or private). Less than a third (30.2%) of uninsured California women age 40 and older had a mammogram within the last year, compared to 64% of insured women.<sup>15</sup>
- In the United States, uninsured women with breast cancer have a 30 to 50% higher risk of dying than those with health insurance. Having no insurance leads to at least 360 and as many as 600 excess deaths each year in the United States among women with breast cancer.<sup>16</sup>
- 21% of California women are without health insurance. California is ranked 44th in the nation for providing women access to health insurance.<sup>17</sup>

## Ethnic Trends & Patterns

The rates of developing and dying from breast cancer differ among ethnic groups. Although CBE and mammography utilization has increased significantly in California, usage varies among ethnic groups, income and education levels.

### African-American

- African-American women with breast cancer are more likely to die from the disease than women of any other race. The higher death rate is related to a larger percentage of the breast cancers being diagnosed at a later, less treatable stage.<sup>18</sup>
- 61% of the breast cancers diagnosed in 2000 in African-American women were early stage.<sup>1</sup>
- In 2000, 58% of African-American women age 40 and older reported having had a mammogram in the prior year.<sup>14</sup>

### Asian/Pacific Islander

- Invasive breast cancer rates increased by about 20% from 1989-1998 among Asian/Pacific Islander women in California. Although this group has the lowest incidence rate of breast cancer, it is the only group with a statistically significant increase in the incidence rate.<sup>1, 5</sup>
- 68% of the breast cancers diagnosed in 2000 in Asian/Pacific Islander women were early stage.<sup>1</sup>
- In 2000, 53% of Asian/Pacific Islander women age 40 and older reported having had a mammogram in the prior year.<sup>14</sup>

### Hispanic

- Uninsured Hispanic women are two to three times more likely to have cancer diagnosed at a later stage than their insured counterparts, making it less treatable.<sup>19</sup>
- 60% of the breast cancers diagnosed in 2000 in Hispanic women were early stage.<sup>1</sup>
- In 2000, 59% of Hispanic women age 40 and older reported having a mammogram in the prior year.<sup>14</sup>

### White (Non-Hispanic)

- For all ages combined, white women have the highest incidence rate for breast cancer.<sup>1,2</sup>
- 70% of the breast cancers diagnosed in 2000 in white women were early stage.<sup>1</sup>
- In 2000, 63% of white women age 40 and older reported having a mammogram in the prior year.<sup>14</sup>

Note: The category “American Indian” is not included in the above due to the small sample size of the available population in this category and lack of relevant data from reputable data sources.

## **Early Detection - The Best Protection**

- Early detection of breast cancer improves the chances of survival. When breast cancer is diagnosed early (at a localized stage), 97 out of every 100 women survive for five years or more. Once the disease has spread to other parts of the body, only 23% survive five years.<sup>20</sup>
- The key to early detection is the combination of yearly clinical breast exams and mammograms. Screening mammography is successful in detecting breast cancer in its earliest and most treatable stage – preventing thousands of breast cancer deaths each year.<sup>21, 22</sup>
- The American Cancer Society recommends:
  - Women age 40 and older should have an annual clinical breast exam and mammogram.
  - Women ages 20 – 39 should have a clinical breast examination by a health care professional every three years.
  - Breast self-exam is an option for women beginning in their 20s. Women should talk to their health care provider about benefits and limitations of breast self-exam.
  - Women should report any breast changes promptly to a health care provider.

Breast cancer screenings should be performed on a regular basis. Women with normal breast cancer screening results are still at risk for the disease during subsequent years.

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